

Food supplement ZINC based with CALCIUM and MAGNESIUM, from alkalizing minerals



Physiological pH rebalancing



BALANCED pH

OPTIMAL FUNCTIONINGOF CELLULAR METABOLIC PROCESSES

NEUTRALIZATION OFACIDIC METABOLIC WASTES

(carbon dioxide, fatty acids, amino acids, ketonic acids) to eliminate them through the intestine and skin, thanks to renal and respiration functions

PHACIDEXCESSIVE ACCUMULATION OF ACIDIC METABOLIC WASTES

in the extracellular matrix of connective tissues



ACTIVATION OF COMPENSATION MECHANISMS

depleting physiological mineral salt reserves



Mineral depletion status due to hyperacidification

ACIDOSIS



MANIFESTATION OF CHRONIC DISEASES DUE TO TISSUE DEGENERATION

- allergies
- phlogistic processes of the mucous membranes
- muscular-tendinous, cartilaginous and articular diseases
- rheumatism
- bone fragility (osteoporosis)
- cutaneous adnexa fragility
- concentration deficit
- chronic fatigue
- frequent neuralgia
- chronic conjunctivitis
- caries
- heartburn/gastric hyperacidity

PH REBALANCING

INTERVENING ON EATING BEHAVIOR

REDUCING ACIDOGENIC FOODS INTAKE (such as animal proteins, animal fats, cereals, sweets, coffee, tea, alcoholic beverages, chocolate)

TAKING ALKALIZING FOOD SUPPLEMENT



Specially formulated to promote physiological processes, thanks to its high Zinc content,

CONTRIBUTES TO THE BODY'S NORMAL ACID-BASE METABOLISM

helping to reduce demineralization due to tissue acidosis

alkimo $^{\odot}$, due to its particular formula based on alkalizing salts, is a valid help in case of:

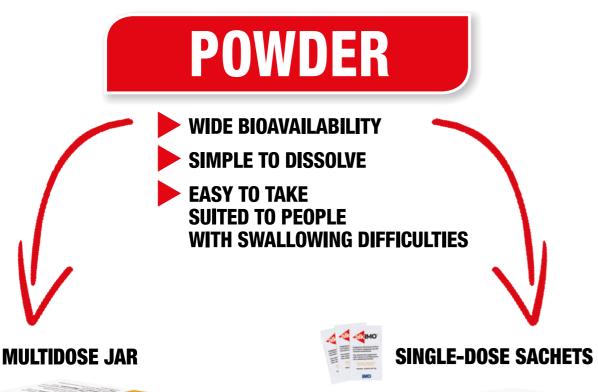
- Low body mineral reserves
- ► Chronic phlogistic and allergic manifestations
- Hyperacidity, heartburn
- Muscular, articular and rheumatic diseases
- Concentration difficulties
- Limited resistance to stress

alkimo® Helps neutralise excess acids

PREVENTING BUILD UPS AND RELATED CONSEQUENCES

IMO Triple choice for a physological pH

Food supplement ZINC based with CALCIUM and MAGNESIUM, from alkalizing minerals





 FLEXIBLE DOSAGE dosage tailorable to individual needs



- POCKET SIZE SINGLE DOSE
- Handy to have
- Ideal if out and about, enables regular compliance

TABLETS, READY TO TAKE



FAST DISOLVING COATING

FLAVOURLESS ACTS WHERE NEEDED

THREE OPTIONS = EQUIVALENT FORMULATION

Physiologically active ingredients:

Sodium bicarbonate

Potassium bicarbonate

Calcium carbonate

Magnesium hydroxide

Sodium citrate

Zinc gluconate

GLUTEN FREE
ALLERGEN FREE
SUGAR FREE
NO COLOURINGS
NO FLAVOURINGS
NO PRESERVATIVES

SUITABLE FOR VEGETARIANS AND VEGANS



POWDER IN SINGLE-DOSE SACHETS



Box 30 x 5g sachets







Box of 100 coated tablets

NUTRITIONAL INFORMATION, PODWER

| terraries at the entire at the | | | | | |
|--|-----------|----------------|------------|--|--|
| | 100 g | dose* | % NRV dose | | |
| Calcium | 2400 mg | 2400 mg 240 mg | | | |
| Magnesium | 900 mg | 90 mg | 24% | | |
| Zinc | 60 mg | 6 mg | 60% | | |
| Potassium | 3198.4 mg | 319.84 mg | 16% | | |
| Sodium | 22150 mg | 2215 mg | _ | | |

^{*}Daily recommended dose

Instructions for use

Dissolve in a glass of water, 2 teaspoons or 2 sachets daily and drink slowly. Best taken far from meals. 1 teaspoon or 1 sachet 2 hours after lunch, 1 teaspoon or 1 sachet 2 hours after dinner.

NUTRITIONAL INFORMATION, **TABLETS**

| | 100 g | daily dose max 8 tabs | % daily NRV* per max dose | |
|---|---------|--------------------------|------------------------------|--|
| Calcium | 5000 mg | 240 mg | 30% | |
| Magnesium | 1870 mg | 90 mg | 24% | |
| Zinc | 125 mg | 6 mg | 60% | |
| Potassium | 963 mg | 47.6 mg | _ | |
| Sodium | 7427 mg | 367.2 mg | _ | |
| %NRV= percentage Nutritional Reference Values (Reg. UE 1169/2011) | | | | |

Instructions for use

Take 3-4 tablets with a little water, 2 times a day. 2 hours after lunch and 2 hours after dinner.

Warnings

Do not exceed recommended daily dose.

Keep product out of reach of young children.

Supplements should not be used as a substitute for a varied diet and healthy lifestyle.

alkIMO powder formulations might not dissolve completely in water appearing as a cloudy suspension.

This does not affect the quality and properties of the product.

REFERENCES: Adeva MM, Souto G. Diet-induced metabolic acidosis. Clin Nutr. 2011 Aug;30(4):416-21. Epub 2011 Apr 9. Crimi E, Taccone FS, Infante T, Scolletta S, Crudele V, Napoli C. Effects of intracellular acidosis on endothelial function: An overview. J Crit Care. 2011 Jul 26. [Epub ahead of print] Hjelmeland AB, Wu Q, Heddleston JM, Choudhary GS, MacSwords J, Lathia JD, McLendon R, Lindner D, Sloan A, Rich JN. Acidic stress promotes a glioma stem cell phenotype. Cell Death Differ. 2011 May;18(5):829-40. Epub 2010 Dec 3. Jehle S, Krapf R. Effects of acidogenic diet forms on musculoskeletal function. J Nephrol. 2010 Nov-Dec;23 Suppl 16:S77-84. Lazzeri C, Valente S, Chiostri M, Picariello C, Gensini GF, Acid-base imbalance in uncomplicated ST-elevation myocardial infarction: the clinical role of tissue acidosis. Intern Emerg Med. 2010 Feb;5(1):61-6. Epub 2009 Dec 9. Souto G, Donapetry C, Calviño J, Adeva MM. Metabolic acidosis-induced insulin resistance and cardiovascular risk. Metab Syndr Relat Disord. 2011 Aug;9(4):247-53. doi: 10.1089/met.2010.0108. Epub 2011 Feb;5 Vaupel P. Metabolic microenvironment of tumor cells: a key factor in malignant progression. Exp Oncol. 2010 Sep;32(3):125-7. Wiederkehr M, Krapf R. Metabolic and endocrine effects of metabolic acidosis in humans. Swiss Med Wkly. 2001 Mar 10;131(9-10):127-32. Wynn E, Krieg MA, Lanham-New SA, Burckhardt P. Postgraduate Symposium: Positive influence of nutritional alkalinity on bone health. Proc Nutr Soc. 2010 Feb;5(1):166-73. Epub 2009 Dec 3. Wynn E, Krieg MA, Aeschlimann JM, Burckhardt P. Alkaline mineral water lowers bone resorption even in calcium sufficiency: alkaline mineral water and bone metabolism. Bone. 2009 Jan;44(1):120-4. Epub 2008 Sep 26.

² teaspoons daily (1 teaspoon equals 5g)

[%]NRV= percentage Nutritional Reference Values (Reg. UE 1169/2011)